

Case Number:	CM15-0087675		
Date Assigned:	05/11/2015	Date of Injury:	08/20/2001
Decision Date:	07/21/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/07/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65 year old male, who sustained an industrial injury on 08/20/2001. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having bilateral foot and ankle musculoligamentous, post-traumatic headaches, cervical spine musculoligamentous with hardware, bilateral carpal tunnel syndrome, lumbar spine musculoligamentous with disc replacement, hypertension, stress, anxiety, and depression, sleep deprivation, gastritis secondary to medications, and umbilical hernia. Treatment and diagnostic studies to date has included chiropractic therapy, psychotherapy, evaluation and treatment with cardiology, evaluation and treatment with urology, psychiatric evaluation and treatment, physical therapy, laboratory studies, use of a cane, magnetic resonance imaging of the cervical spine, computed tomography of the lumbar spine, and above noted procedures. In a progress note dated 03/16/2015 the treating physician reports complaints of severe pain to the bilateral feet and ankles with significant swelling and discoloration. The injured worker has complaints of sharp, stabbing pain to the neck that radiates to the bilateral upper extremities along with numbness and tingling, complaints of pain to the bilateral hands with numbness and tingling, and complaints of constant, sharp, and stabbing pain to the low back. The injured worker also has complaints of headaches, sleep deprivation, hypertension, stress, anxiety, depression, stomach pain, and an umbilical hernia. Examination reveals decreased range of motion to the cervical spine, pain with range of motion to the lumbar spine, spasms to the right cervical spinous process, paravertebral muscles, anterior scalene muscle, and bilateral thoracolumbar paraspinal muscles, and tenderness to the

right wrist, right hand, the right foot, and the right ankle. The documentation provided did not indicate the injured worker's current medication regimen for pain management along with a current pain level as rated on a pain scale prior to use of his medication and after use of his medication to indicate the effects with the use of the injured worker's current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of the medication regimen. The treating physician requested the medication of Prilosec 20mg with a quantity of 60, Soma 350mg with a quantity of 90, and Norco 10/325mg with a quantity of 90, but the documentation did not indicate the specific reasons for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

SOMA 350MG Q 8 HOUR #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma), page 29.

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of progressive deterioration in clinical findings, acute flare-up or new injury to support for its long-term use for this chronic injury of 2001. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The SOMA 350MG Q 8 HOUR #90 is not medically necessary and appropriate.

PRILOSEC 20MG BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, pages 68-69. Decision based on Non-MTUS Citation ODG, Pain Chapter, Proton Pump Inhibitors (Updated 6/15/15).

Decision rationale: Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with

pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Given treatment criteria outweighing risk factors, if a PPI is to be used, omeprazole (Prilosec), lansoprazole (Prevacid), and esomeprazole (Nexium) are to be considered over second-line therapy of other PPIs such as pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The PRILOSEC 20MG BID #60 is not medically necessary and appropriate.

NORCO 10/325MG Q 8 HOUR #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury of 2001 without acute flare, new injury, or progressive deterioration. The NORCO 10/325MG Q 8 HOUR #90 is not medically necessary and appropriate.